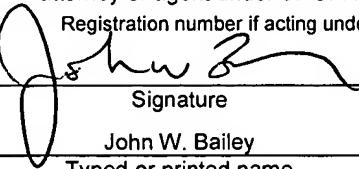


PTO/SB/22 (12-04)

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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |                                 | Docket Number (Optional)<br><br>1422-0611P  |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
|--|---------------------------------|---|--------------------------|---------------------------------|-------------------------|-------|--|--------------------------|---------------------------------|-----------|--|-----------|-------|-------------------|
| Application Number   | 10/727,571-Conf. #007359        | Filed December 5, 2003  |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| For POLISHING COMPOSITION  |                                 |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| Art Unit 1755  | Examiner M. A. Marcheschi       |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.   |                                 |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):  |                                 |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th style="text-align: center;"><u>Fee</u></th> <th style="text-align: center;"><u>Small Entity Fee</u></th> <th style="text-align: right;">\$</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: right;"><u>\$</u></td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$450</td> <td style="text-align: center;">\$225</td> <td style="text-align: right;"><u>\$ 330.00*</u></td> </tr> </tbody> </table> |                                 |   |                          | <u>Fee</u>                      | <u>Small Entity Fee</u> | \$    | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120                    | \$60                            | <u>\$</u> | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450     | \$225 | <u>\$ 330.00*</u> |
|  | <u>Fee</u>                      | <u>Small Entity Fee</u>   | \$                       |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120                           | \$60  | <u>\$</u>                |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450                           | \$225   | <u>\$ 330.00*</u>        |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <p style="text-align: center;"><b>A ONE MONTH EXTENSION<br/>WAS PETITIONED AND PAID<br/>FOR WITH THE RESPONSE<br/>FILED ON APRIL 10, 2006.</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 40%;">Four months (37 CFR 1.17(a)(4))</td> <td style="width: 20%; text-align: center;">\$1590</td> <td style="width: 20%; text-align: center;">\$795</td> <td style="width: 20%; text-align: right;"><u>\$</u></td> </tr> <tr> <td><input type="checkbox"/></td> <td>Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2160</td> <td style="text-align: center;">\$1080</td> <td style="text-align: right;"><u>\$</u></td> </tr> </table> |                                 |   | <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$1590                  | \$795 | <u>\$</u>  | <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$2160    | \$1080   | <u>\$</u> |       |                   |
| <input type="checkbox"/>   | Four months (37 CFR 1.17(a)(4)) | \$1590  | \$795                    | <u>\$</u>                       |                         |       |  |                          |                                 |           |  |           |       |                   |
| <input type="checkbox"/>   | Five months (37 CFR 1.17(a)(5)) | \$2160  | \$1080                   | <u>\$</u>                       |                         |       |  |                          |                                 |           |  |           |       |                   |
| <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u>. I have enclosed a duplicate copy of this sheet.</p>   |                                 |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,881</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34</p>  |                                 |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <br>Signature   |                                 | <u>05-08-06</u> Date<br><u>05/09/2006</u> Telephone Number<br><u>(703) 205-8000</u><br><u>82 FC-1252</u> <u>330.00 OP</u> |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |
| <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input type="checkbox"/> Total of <u>1</u> forms are submitted.</p>  |                                 |   |                          |                                 |                         |       |  |                          |                                 |           |  |           |       |                   |